

EPW

PTO/SB/21 (09-04)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number

09/813,808

Filing Date

22 March 2001

First Named Inventor

Robert MAERZ

Art Unit

3624

Examiner Name

V. Millin

Attorney Docket Number

018.2001

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☐

Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Schwartz Sung & Webster

Signature

Printed name

Jeff E. Schwartz

Date

15 April 2005

Reg. No.

39,019

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PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/813,808
Filing Date	22 March 2001
First Named Inventor	Robert MAERZ
Art Unit	3624
Examiner Name	V. Millin
Attorney Docket Number	018.2001

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 49837☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:49837**OR**☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Ernest SJO

Date

3-30-05

Telephone

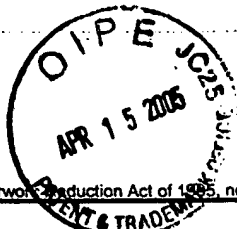
949-422-5909

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☒ Total of 2 forms are submitted.

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49837

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

49837

OR☐ Firm or
Individual Name

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Fax

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Robert MAERZ

Date

3/26/05

Telephone

(805) 565-0266

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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